



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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MACOMB COUNTY CLERK
MT. CLEMENS

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8 03 04 to 10 17 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 137330
2. Committee Name Committee to Elect
Nicola Hawatmeh

4. Candidate Last Name Hawatmeh First Name Nicola M.I. I.
4a. Office Sought Including District # or Community Served (If applicable)
County Commissioner District 5
4b. County of Residence Macomb

5. Committee's Mailing Address
32047 Vegas Dr
Warren, MI 48093
Area Code and Phone 586-871-6522
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address Nicola Hawatmeh
32047 Vegas Dr.
Warren, MI 48093
Area Code & Phone (586) 871-6522

7. Treasurer's Business Address
32047 Vegas Dr
Warren, MI 48093
Area Code and Phone (586) 871-6522

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Nicola Hawatmeh
32047 Vegas Dr
Warren, MI 48093
Area Code and Phone (586) 871-6522

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11 02 04
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Nicola Hawatmeh Signature Nicola Hawatmeh Date 10 20 04
Type or Print Name Signature Mo Day Year
Candidate Nicola Hawatmeh Signature Nicola Hawatmeh Date 10 20 04
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137330

2. Committee Name

C.T.E Nicola Hawahmeh

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	4432.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	4,432.00	(18.) \$ 4432.00
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	—	(19.) \$ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	4,432.00	(20.) \$ 15,079.45
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	\$ 200.00	(21.) \$ —
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	—	(22.) \$ —
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	\$ 8,501.40	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	—	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	—	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	\$ 8501.40	(23.) \$ —
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	—	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	—	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	—	(24.) \$ —
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	—	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	—	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	\$ 5,825.36	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	\$ 4,432.00	
	(15.) = \$	\$ 10,257.00	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	\$ 8501.40	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	\$ 1755.60	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/31/04</u> Name: <u>Macomb County Republican Party</u> Address: <u>48129 Van Dyke Shelby Township, MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		750.00	\$1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/31/04</u> Name: <u>C.T.E Jim Carabelli</u> Address: <u>54077 Mount Dr Shelby Township, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/1/04</u> Name: <u>Terr Lynn Land</u> Address: <u>7955 Byron Station Ct SW, Byron Center, MI 49315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/4/04</u> Name: <u>Nicola Hawatmeh</u> Address: <u>32047 Vegas Dr Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer _____ Business Address <u>32047 Vegas Dr Warren 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$625.00	\$625.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$1575.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 132330
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Harvey Dean</u> Address: <u>30500 Van Dyke Ave</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>30500 Van Dyke Warren 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 70.00	\$ 125.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Mike Rintz</u> Address: <u>Cambridge Dr</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 70.00	\$ 70.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Eugene Sawyer</u> Address: <u>38332 Cambridge Dr</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 70.00	\$ 145.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Dennis Buchholtz</u> Address: <u>2232 Cymar</u> <u>Warren, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 291.00	\$ 436.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 501.00	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C. T. E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Charles Pierce</u> Address: <u>39223 Canterbury Harrison Township, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Clerk</u> Employer <u>Harrison Township</u> Business Address <u>38151 Lan se Creuse, Harrison Twp 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 80.00	\$ 135.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Mike Uhl</u> Address: <u>22425 Garfield St. Clair Shores, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 42.00	\$ 97.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Mary Kamp</u> Address: <u>26880 Wexford Warren, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Council Woman</u> Employer <u>Warren City of</u> Business Address <u>5460 Arden, Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 60.00	\$ 165.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Mike Wiecek</u> Address: <u>32116 Vegas Dr Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Councilman</u> Employer <u>Warren</u> Business Address <u>5460 Arden, Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 70.00	\$ 180.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		252.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Martha McCarthy</u> Address: <u>32443 Newcastle</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>26.00</u>	\$ <u>26.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Keith Sadowski</u> Address: <u>4759 Hayman</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Councilman</u> Employer <u>Warren</u> Business Address <u>5460 Arden Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>58.00</u>	\$ <u>113.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>C.T.E Carolyn Mocer</u> Address: <u>8634 Edna</u> <u>Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Councilwoman</u> Employer <u>Warren</u> Business Address <u>5460 Arden Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>48.00</u>	\$ <u>103.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Scott Stevens</u> Address: <u>8106 Farnum</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>City Employee</u> Employer <u>City of Southfield</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>165.00</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ <u>231.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Dan Melnyk</u> Address: <u>26727 Newport Warren, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$265.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Aziz Harb</u> Address: <u>25033 Anchorage Harrison Township, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Golden Donuts</u> Business Address <u>34155 Harper Clinton Twp, MI 48035</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$300.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Beverly Bezrutch</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Detroit Public Schools</u> Business Address <u>6291 W. Fort St Detroit, MI 48209</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$135.00	\$190.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/04</u> Name: <u>Dawn Hill</u> Address: <u>11353 Meadowbrook Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Data Analyst</u> Employer <u>EDS</u> Business Address <u>800 Tower Drive Troy, MI 48098</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$265.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		435.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Jared Maynard</u> Address: <u>11634 Vaughn Clinton Township, MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/14/04</u>	\$ 35.00	\$ 75.00
3. Contribution #2 Name: <u>Sheila Romanik</u> Address: <u>30517 Pinto Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/14/04</u>	\$ 35.00	\$ 90.00
3. Contribution # 3 Name: <u>Michigan Realtor's PAC</u> Address: <u>36800 Graft Ave. Clinton Twp, MI 49035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/2/04</u>	\$ 250.00	\$ 250.00
3. Contribution # 4 Name: <u>Nicola Hawatmeh</u> Address: <u>32047 Vegas Dr Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer _____ Business Address <u>32047 Vegas Warren, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/15/04</u>	\$ 638.00	\$ 2930.45
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 958.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/04</u> Name: <u>David Dishaw</u> Address: <u>1431 Meadowview St SW</u> <u>Grand Rapids, MI 49509</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/04</u> Name: <u>Dan Hibma</u> Address: <u>7955 Byron Station CT SW,</u> <u>Byron Center, MI 49315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 100.00	\$ 100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/04</u> Name: <u>Ron Michals</u> Address: <u>29535 Palomino</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 20.00	\$ 20.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/16/04</u> Name: <u>Jean Uhl</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 70.00	\$ 180.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 290.00	
		\$ 4432.00	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Nabil Hawatmeh</u> Address: <u>32047 Vegas Dr</u> <u>Warren, MI 48093</u> If over \$100.00 cumulative, please provide: Occupation: <u>Director</u> Employer: <u>Medilodge of Sterling</u> Business Address: <u>14151 15 Mile</u> <u>St H/3 48312</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food for Fundraiser</u> 5. Date Of Receipt: <u>10/13/04</u> 6. Vendor Name & Address: <u>Gordon Food Service</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

\$ 200.00
\$ 200.00

Enter this total
on line 6 of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawahneh

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Macomb County Clerk</u> Address <u>90 N. Main 1st Floor</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/04</u>	<u>\$25.00</u>
Expenditure #2 Name <u>Triangle Printing</u> Address <u>30520 Gratot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/04</u>	<u>\$296.80</u>
Expenditure #3 Name <u>Triangle Printing</u> Address <u>30520 Gratot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing-Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/04</u>	<u>\$764.26</u>
Expenditure #4 Name <u>Triangle Printing</u> Address <u>30520 Gratot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing-Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/04</u>	<u>\$1062.12</u>
Expenditure #5 Name <u>Manhattan Mailers</u> Address <u>51132 Milano Dr</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>1st Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/04</u>	<u>\$1926.04</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>4074.22</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/04</u>	\$ <u>422.68</u>
Expenditure #2 Name <u>Triangle Printing</u> Address <u>30520 Grahof</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/04</u>	\$ <u>171.43</u>
Expenditure #3 Name <u>Manhattan Mailers</u> Address <u>51132 Milano</u> <u>Macomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/04</u>	\$ <u>584.02</u>
Expenditure #4 Name <u>Triangle Printing</u> Address <u>30520 Grahof</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/04</u>	\$ <u>143.10</u>
Expenditure #5 Name <u>Paw Graphics</u> Address <u>64 New St.</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Typesetting Flyer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/04</u>	\$ <u>143.96</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1465.19</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Triangle Printing</u> Address <u>30520 Gratiot</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing of Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/04</u>	\$ <u>1022.90</u>
Expenditure #2 Name <u>Manhattan Mailers</u> Address <u>51132 Milano</u> <u>Milomb, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/04</u>	\$ <u>1637.28</u>
Expenditure #3 Name <u>C.T.E Charles Pierce</u> Address <u>39223 Canterbury</u> <u>Harrison, Twp, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/04</u>	\$ <u>50.00</u>
Expenditure #4 Name <u>Right to Life MI</u> Address <u>2340 Porter St SW</u> <u>Grand Rapids, MI 49519</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>List Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/04</u>	\$ <u>15.51</u>
Expenditure #5 Name <u>Western American Mailers</u> Address <u>5510 Thirty Third SE.</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RTL Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/04</u>	\$ <u>236.30</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$ 2961.98
8501.40

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10</u> <u>13</u> <u>04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held <u>Hawatmeh's</u> <u>32047 Vegas</u> <u>Warren, MI</u> <u>48093</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$ 1739.00

8. Other Receipts —

9. Gross Receipts (Add lines 7 and 8) \$ 1739.00

10. Total Cost of Event \$ 200.00

(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.